



United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-65280 United States Bankruptcy Court Southern District of Texas FILED SEP 13 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Wroi		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 460 Wroi 110 E 8th St Rochester IN 46975-1508 			
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>Advertising</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: <u>5/17 - 5/18/00</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>178.50</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		1733 	
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <u>9/11/00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Cynthia Sue Bain, Duxer</u>		
Penalty for presenting fraudulent claim: Fine of up to \$600,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

WROI-FM BAIR COMMUNICATIONS, INC.
 110 EAST EIGHTH STREET
 ROCHESTER, INDIANA 46975

 * S T A T E M E N T *

219-223-6059

** STAGE **

REYNOLDS MEDIA SERVICE
 Accounts Payable
 2425 FOUNTAINVIEW SUITE 355
 HOUSTON, TX 77057

713-977-3778

Date
 06/01/00

Client
 Number
 1 - 388

Bill Cycle: Monthly

Sales Staff # 3: HOUSE

Ref #	Posted	Qty	Description	Gross	Agy Disc	Tax	Amount	Balance
			Balance Forward					337.87
	05/05		Paym't				159.37	178.50
50474	05/31	15	COMMERCIALS	210.00	31.50	0.00	178.50	357.00
Balance Due:								\$357.00

Payment due: 06/10/00

Last Pymt	Aging Analysis:					Days
	0-30	31-60	61-90	91-120	121+	
05/05	\$178.50	\$178.50	\$0.00	\$0.00		\$0.00

THANK YOU FOR ADVERTISING WITH WROI. COMING IN JUNE! BOAT
 PARADE, ROUND BARN FESTIVAL AND THE NEW "HELLO RADIO".

* Affidavit of Performance *

Radio Station WROI-FM
110 East Eighth Street
Rochester, Indiana 46975

REYNOLDS MEDIA SERVICE
2425 FOUNTAINVIEW SUITE 355
HOUSTON, TX 77057

Invoice Number: 50474
Billing Type : M
Acct Exec : HOUSE
Commercial Length: 60
State of Indiana)
City of Rochester) SS:

Order #

Client # 388
STAGE

COMMERCIALS

Before me, a Notary Public, personally appeared Thomas J. Bair, who affirms that he is General Manager of Radio Station WROI-FM, and that broadcasts were made during the period: 05/01/00 - 05/31/00.

Date	Times					
May 17	3:21P	3:52P	4:21P	4:51P	6:52P	
May 18	7:11A	7:25A	8:20A	8:34A	10:51A	11:51A
May 18	12:21P	12:41P	1:34P	2:34P		

S050D60R Tomorow :60 100%
s050J60R Today :60 100%

Total: 15 at 14.00 each.
Gross Invoice: \$210.00 less Agcy Disc: 31.50 |
DUE DATE: 06/10/00 NET AMOUNT DUE: \$178.50
=====

I certify that the above units were aired within Ten (10) minutes of the times listed.

Signed: Thomas J. Bair, G.M.

Affirmed this 01 Day of June, 2000
In testimony whereof I have set my Hand and Seal the day and year aforesaid.
My commission expires June 9, 2007

Cynthia Sue Bair
Notary Public